CANDIDATE / OFFICEHOLDER

· Texas Ethics Commission

3680

FORM C/OH

| CAMPAIGN | I FINANCE REPORT | COVER SHEET PG 1 | | | |
|--|--|--|--|--|--|
| The C/OH INSTRUCTION this form. | Guide explains how to complete 1 ACCOUNT# (Ethics Commission | 2 Total pages filed: | | | |
| 3 CANDIDATE / OFFICEHOLDER | TITLE FIRST | OFFICE US ONLY | | | |
| NAME | Teffrey NICKNAME LAST Jeff C9584 | SUFFIX Date Received 3 | | | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS | ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; | ZIP CODE 78739 | | | |
| Change of Address | | S. | | | |
| 5 CAMPAIGN TREASURER NAME | TITLE FIRST 215 4 | MI Receipt # HD / PM Amount | | | |
| | NICKNAME LAST Casey | Date Processed Date Imaged | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | street address (NO PO BOX PLEASE): APT/SUITE#: CITY: L5 30 Needham Ln Austin | STATE: ZIP CODE 77 78739 | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 288-0998 | N | | | |
| 8 REPORT TYPE | January 15 30th day before election Runoff July 15 8th day before election Exceeder | 15th day after campaign treasurer appointment (officeholder only) \$500 limit Final report (Attach C/OH - FR) | | | |
| 9 PERIOD | Month Day Year Mor | | | | |
| COVERED | | 2/31/97 | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 3 / 10 / 98 | General Special | | | |
| 11 OFFICE | · · · · · · · · · · · · · · · · · · · | ought (#known) e of The Peace, Pct. 3 | | | |
| 13 DIRECT CAMPAIGN EXPENDITURE "Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or appro Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. " | | | | | |
| BY OTHER INDIVIDUALS | Name | | | | |
| additional pages | Address / PO Box. Apt. / Suite #, City. State; Zip Code | | | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

| SUPPORT | & IOIAL | 5 | COVER SHEET PG 2 | |
|-------------------------------------|---|---|--|--|
| 4 C/OH NAME Jeffre | y R. Case | 7 | 15 ACCOUNT # (Etnics Commission filers) | |
| 6 SUPPORTING POLITICAL COMMITTEE(S) | This listing include have been made with | is listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this ation only if they receive notice of such expenditures. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | COMMITTEE ADDRESS | · · · · · · · · · · · · · · · · · · · | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 7 NO REPORTABLE ACTIVITY | Check here if | e if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.) | | |
| 18 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2112.28 | |
| EXPENDITURE TOTALS | 3. TOTAL | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE | \$ 60.99 | |
| | 4. TOTAL | . POLITICAL EXPENDITURES | \$ 2,084.32 | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD | \$ _ | |
| 19 AFFIDAVIT | | | | |
| CAN | IDI WILSON | is true and correct and includes all in me under Title 15. Election Code. | erjury, that the accompanying report nformation required to be reported by | |
| MY COM | MISSION EXPIRES il 26, 1999 | Signature of Candi | date or Officeholder | |
| Swom to and subscribed | d before me, by the sa hich, witness my ha | aid <u>Glffrey K Casey</u> this the <u>I</u> nd and seal of office. | day of January | |
| Qualifolds Signature of officer ac | Uministering oath | Print name of officer administering path Ti | Haryfubli'C | |

· Jexas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | | | | |
|----------------------|---|--|------------------|--|--|--|
| | The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A: | | |
| 2 | FILER NAME | Jeffrey R. Casey | | 3 ACCOUNT # (Ethics Commission filers) | | |
| 4 | Date | 5 Full name of contributor Tefrey R. Casey 6 Contributor address; City; State; Zip Code 6530 Weedham Ln Anstin | out of state PAC | 7 Amount of contribution (\$) | 8 In-kind contribution description(if applicable) | |
| 9 | Principal occu | Principal occupation Attorney 10 Employer (optional) | | | | |
| | Date | Full name of contributor | out of state PAC | Amount of contribution (\$) | In-kind contribution description(if applicable) | |
| | | Contributor address; City; State; Zip Code | | | | |
| Principal occupation | | Employer (optional) | | | | |
| | Date | Full name of contributor | out of state PAC | Amount of contribution (S) | In-kind contribution description(if applicable) | |
| | | Contributor address; City; State; Zip Code | | | | |
| Principal occupation | | Employer (optional) | | | | |
| | Date | Full name of contributor | out of state PAC | Amount of contribution (\$) | In-kind contribution description(if applicable) | |
| | Contributor address; City; State; Zip Code | | | | | |
| Principal occupation | | Employer (optional) | | | | |
| | Date | Full name of contributor | out of state PAC | Amount of contribution (\$) | In-kind contribution description(if applicable) | |
| | | Contributor address; City; State; Zip Code | | | | |
| | Principal occu | pation | Employer (option | al) | | |
| ŀ | | | | | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| POLITIO | CAL EXPENDITURES | | - | SCHEDULE F | |
|------------------|--|--|--|---------------------------------|--|
| The Instruction | Guide explains how to complete this form. | | 1 Total pages Schedule F: | | |
| 2 FILER NAME | Jeffrey R. Casey | | 3 ACCOUNT # (Ethics Commission filers) | | |
| 4 Date | 5 Payee name Travis County Republican Pa 6 Payee address; City: State: Zip Code 807 Brazos, Sta 304 Az | .ty .stin TX 78701 | | 7 Amount (\$) | |
| 8 Purpose of exp | imary filing fee | 9 ·· Complete if direct expi Candidate / Officeholder | | C/OH •• Office sought / held | |
| Date | Payee name Payee address; City; State; Zip Code | ••••• | | Amount (\$) | |
| Purpose of exp | penditure | •• Complete if direct exp Candidate / Officeholder | | C/OH •• Office sought / held | |
| Date | Payee name Payee address; City; State; Zip Code | - | | Amount (\$) | |
| Purpose of ex | penditure | Complete if direct exp Candidate / Officeholder | | C/OH •• Office sought / held | |
| Date | Payee name Payee address; City; State; Zip Code | | | Amount (\$) | |
| Purpose of ex | Penditure ATTACH ADDITIONAL COPIE | Complete if direct exp Candidate / Officeholder | · name | C/OH •• Office sought / held | |

Fexas Ethics Commission

| 1 | CAL EXPENDITURES FROM PERSONAL FUNDS | | | CHEDULE G |
|---|---|-----------|---------|--|
| The Instruction Guide explains how to complete this form. | | | | |
| 2 FILER NAME Jeffrey R. Gsey 3 ACCOUNT# (EUTIK | | | ics Com | mission filers) |
| 4 Date | 5 Payee name Third Eye Photography | | 8 | Amount (\$) |
| 12/11/97 | 6 Payee address: City: State: Zip Code 2532 Guada Inpe Anstin, TX 78705 | | | 59.54 |
| <u>.</u> | 7 Purpose of expenditure photos for campagn literature | | | Reimbursement from political contributions intended |
| Date | Payee name Impressions Printing | | | Amount (\$) |
| 12/12/97 | Payee address; City; State; Zip Code 5000 N. Lamar Austin TR 78751 | | | 535.84 |
| | Purpose of expenditure Stationem | | | Reimbursement from political contributions intended |
| Date | Payee name. Impressions Printing Payee address; City; State; Zip Code 5000 No. Lamer Anstin, 1× 78751 | | | Amount (s) |
| | Purpose of expenditure Statio nem | | | Reimbursement from political contributions intended |
| Date | Payee name Dosigns | | | Amount (\$) |
| 12/16/97 | Payee address; City; State; Zip Code 4303 Far West Aust in TX 78731 | | | 535-94 |
| | Purpose of expenditure artwork for campaign literature | | | Reimbursement from political contributions intended |
| Date | Payee name _ | | | Amount (S) |
| | Payee address; City; State; Zip Code | | | |
| | Purpose of expenditure | | | Reimbursement from political contributions intended |
| | ATTACH ADDITIONAL COPIES OF THIS FORM | AS NEEDED | | |